

SUSPECTED DEPENDENT ADULT ABUSE REPORT

This form may be used as the written report that mandatory reporters file with the Department of Human Services following an oral report of suspected dependent adult abuse. See page 2 for instructions.

There are three criteria for a dependent adult abuse referral:

- (1) A dependent adult. (2) Abuse as defined in Iowa Code 235B. (3) A caretaker, if applicable.

REPORT INFORMATION

Name of Dependent	Phone ()	Birth Date	
Street	City	State	Zip Code
1. Person is a dependent adult because:			
2. Type of abuse noted: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Physical injury <input type="checkbox"/> Sexual offense </div> <div> <input type="checkbox"/> Financial exploitation <input type="checkbox"/> Unreasonable punishment </div> <div> <input type="checkbox"/> Denial of care by dependent adult him/herself <input type="checkbox"/> Denial of care by caretaker <input type="checkbox"/> Unreasonable confinement </div> </div>			
Information about suspected abuse: (Incidents, previous abuse, person responsible for abuse, name and address of guardian, etc.)			
3. Caretaker: (Omit if deprivation is <u>by</u> the dependent adult.)			
Name		Phone ()	
Street	City	State	Zip Code
Person is a caretaker because:			

REPORTER INFORMATION

Name	Position	Relationship to Adult
Office Address		Phone ()
Names of other mandatory reporters who have knowledge of the abuse		
Signature of Reporter		Date

**Instructions for Completing Form 470-2441,
Suspected Dependent Adult Abuse Report**

- ⇒ The mandatory reporter who has made the initial oral report of suspected abuse to the Department of Human Services prepares this form.
- ⇒ Submit this form within 48 hours of the oral report to the Protective Service Unit that will be conducting the evaluation or assessment.
- ⇒ If the oral report was not accepted for evaluation or assessment, this form is not necessary.
- ⇒ If your agency has a report form or letter format that includes all of the information requested on this form, you may use the agency format in place of form 470-2441.

Use the space below if there is not enough space for all pertinent information on the front of this form. You can attach collateral reports or other information to the form.